

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR ANALYZING THE STATE OF GENERATION OF FOREIGN PARTICLES IN SEMICONDUCTOR FABRICATION PROCESS

the specification of which (check one) is attached hereto.

was filed on _____
as Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

P04-98095 (Number)	Japan (Country)	17/4/1992 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
P03-327328 (Number)	Japan (Country)	11/12/1991 (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

778,363 (Application Serial No.)	October 17, 1991 (Filing Date)	Pending (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)

I hereby appoint as principal attorneys; Donald R. Antonelli, Reg. No. 20,272; David T. Terry, Reg. No. 20,178; Melvin Kraus, Reg. No. 22,466; Stanley A. Wal, Reg. No. 26,432; William I. Solman, Reg. No. 28,565; Gregory E. Montone, Reg. No. 28,141; Ronald J. Shore, Reg. No. 28,577; Donald E. Stout, Reg. No. 26,422; Alan E. Schiavelli, Reg. No. 32,087 and James N. Dresser, Reg. No. 22,973 to prosecute and transact all business connected with this application and any related United States application and international applications. Please direct all communications to the following address:

Antonelli, Terry, Stout & Kraus
Suite 600
1919 Pennsylvania Avenue, N.W.
Washington, D.C. 20006
Telephone: (202) 828-0300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(Full Name)

(Signature)

Date April 7, 1993 Inventor Hiroshi Morioka *Hiroshi Morioka*

Residence Same as post office address Citizenship Japan
Ebina Apart C-303, Kamiimaizumi 2113, Ebina-shi,

Post Office Address Kanagawa-ken, Japan.

Date April 7, 1993 Inventor Minoru Noguchi *Minoru Noguchi*

Residence Same as post office address Citizenship Japan
Beruhaimu I 101, Yabe-cho 1393, Totsuka-ku, Yokohama-shi,

Post Office Address Kanagawa-ken, Japan

Date April 7, 1993 Inventor Yoshimasa Ohshima *Yoshimasa Ohshima*

Residence Same as post office address Citizenship Japan

Post Office Address Shinbashi-cho 1463-1, Izumi-ku, Yokohama-shi, Kanagawa-ken, Japan

Date April 7, 1993 Inventor Yukio Kembo *Yukio Kembo*

Residence Same as post office address Citizenship Japan
Noba-machi 619-2-272, Kounan-ku, Yokohama-shi,

Post Office Address Kanagawa-ken, Japan

Date April 7, 1993 Inventor Hidetoshi Nishiyama *Hidetoshi Nishiyama*

Residence Same as post office address Citizenship Japan
Hitachi Seaside Domoto 215, Tsujido 5977-1, Fujisawa-shi,

Post Office Address Kanagawa-ken, Japan

Date April 7, 1993 Inventor Kazuhiko Matsuoka *Kazuhiko Matsuoka*

Residence Same as post office address Citizenship Japan
Nanyodai 2-10-19, Yoshii-cho, Tano-gun, Gunma-ken, Japan

Post Office Address

Date April 7, 1993 Inventor Yoshiharu Shigyo *Yoshiharu Shigyo*

Residence Same as post office address Citizenship Japan

Post Office Address Namie-machi 193-4, Takasaki-shi, Gunma-ken, Japan

Date _____ Inventor _____

Residence _____ Citizenship _____

Post Office Address _____

Date _____ Inventor _____

Residence _____ Citizenship _____

Post Office Address _____

Date _____ Inventor _____

Residence _____ Citizenship _____

Post Office Address _____